



Little Blue Natural Resources District

Little Blue Natural Resources District Application for Flow Meter Repair Cost Share

Printed Name and Address of Landowner

Application # _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

I request cost-share assistance to defray cost of flow meter repair. It is understood that cost share is not available until the meter has been in operation for 4 years. The meter must be installed to District standards or it shall be determined the meter is reading to a plus or minus 2% accuracy. A meter is not eligible for repair more than once every four years, and they are not eligible for repair while under warranty. Repairs must meet or exceed manufacturer specifications. Cost share rate is 50% of total cost, not to exceed \$300 per meter. Maximum cost share for a combination of meter repairs is \$1000 per landowner per fiscal year.

Flow Meter Serial Number and Location:

Meter S/N _____ ¼ of Section _____ T _____ N-R _____ E or W _____ County

Meter S/N _____ ¼ of Section _____ T _____ N-R _____ E or W _____ County

Meter S/N _____ - ¼ of Section _____ T _____ N-R _____ E or W _____ County

Meter S/N _____ ¼ of Section _____ T _____ N-R _____ E or W _____ County

Submittal

Signature of Landowner: _____

Date: _____

Approval

Signature of District: _____

Date: _____

A copy of the cost share form will be returned to the applicant after approval.

A copy of the invoice for completed repairs must be submitted within 90 days of approval date by the District.

Cost share is issued after approval by the Board after each monthly scheduled meeting.

over

State of Nebraska Substitute Form W-9

Attn: Dee Ward (402) 471-0603 or Alyssa Morrow (402) 471-0604

E-mail: Dee.Ward@nebraska.gov Alyssa.Morrow@nebraska.gov

Fax: (402) 471-0887

	Internal Use Only
NEW	
PP	
V	
VP	

W-9
Form
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor 1099 Reportable Corporation Not 1099 Reportable Partnership 1099 Reportable Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ _____ 1099 Reportable Exempt payee
 Government - Not 1099 Reportable 501 (c) - Not 1099 Reportable Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)
State of Nebraska
Administrative Services
PO Box 94664
Lincoln NE 68509-4664

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

SSN OR EIN
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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Printed Name: _____ Contact Phone: _____

E-mail: _____

Comments or Business/Entity Notes:

Internal Use Only:

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following and attest to your response by providing your name, and signing and dating this form.

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status is _____ and my alien number is _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____

(first, middle, last)

SIGNATURE _____

DATE _____